

Please type a plus sign (+) inside this box

HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/899,197
Filing Date	July 6, 2001
Inventor(s)	Mike GESKUS
Group Art Unit	2643
Examiner Name	Dionne Harvey
Attorney Docket Number	45900-000630/US

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group

☐ LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)

☐ Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

Check in the amount of \$450.00 for Two Month Extension Fee

Replacement Drawings (Figs. 1-3)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Harness, Dickey & Pierce, P.L.C.

Attorney Name

John A. Castellano

Reg. No.

35,094

Signature

Date

June 13, 2005

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/899,197</td> </tr> <tr> <td>Filing Date</td> <td>July 6, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Mike GESKUS</td> </tr> <tr> <td>Examiner Name</td> <td>Dionne Harvey</td> </tr> <tr> <td>Art Unit</td> <td>2643</td> </tr> <tr> <td>Attorney Docket No.</td> <td>45900-000630/US</td> </tr> </table>		Application Number	09/899,197	Filing Date	July 6, 2001	First Named Inventor	Mike GESKUS	Examiner Name	Dionne Harvey	Art Unit	2643	Attorney Docket No.	45900-000630/US
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<p>TOTAL AMOUNT OF PAYMENT (\$) 450</p>															

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td>08-0750</td> </tr> <tr> <td>Deposit Account Name</td> <td>Harness, Dickey & Pierce, PLC</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					Deposit Account Number	08-0750	Deposit Account Name	Harness, Dickey & Pierce, PLC	<p>3. 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1311	200	2311	100	Utility Examination Fee																																																																																																																																																																																					
1312	130	2312	65	Design Examination Fee																																																																																																																																																																																					
1313	160	2313	80	Plant Examination Fee																																																																																																																																																																																					
1314	600	2314	300	Reissue Examination Fee																																																																																																																																																																																					
SUBTOTAL (4)					(\$) 0																																																																																																																																																																																				

<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	John A. Castellano	Registration No. (Attorney/Agent)	35,094	Telephone	(703) 668-8000
Signature		Date			June 13, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.